

OH-129-05



## ecology and environment, inc.

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*International Specialists in the Environmental Sciences*

DATE: October 6, 1980

TO: W. Goode

FROM: Jerome D. Oskvarek, Ann Weaver, and April Richards

SUBJECT: Ohio/TDD# F5-8009-5, #129, EDO  
Dumping into lake at Broadway and Henry/Garfield Heights

On the morning of October 6, 1980, the authors conducted an off site reconnaissance of the subject site. The site is 1/2 mile ENE of the intersection of Broadway and Henry and is an enclosed lake with no apparent outlet. The lake seems to have been formed as a result of previous quarrying activities. On the east side of the lake, there is some open dumping with materials entering the lake water. This site should be assigned to the OEPA for follow-up activities. No apparent dumping of hazardous materials.

JDO,AW,AR/ct

US EPA RECORDS CENTER REGION 5



426057

OFF SITE



POTENTIAL HAZARDOUS WASTE SITE  
SITE INSPECTION REPORT

REGION V SITE NUMBER (to be assigned by Hq)

**GENERAL INSTRUCTIONS:** Complete Sections I and III through XV of this form as completely as possible. Then use the information on this form to develop a Tentative Disposition (Section II). File this form in its entirety in the regional Hazardous Waste Log File. Be sure to include all appropriate Supplemental Reports in the file. Submit a copy of the forms to: U.S. Environmental Protection Agency; Site Tracking System; Hazardous Waste Enforcement Task Force (EN-335); 401 M St., SW; Washington, DC 20460.

**I. SITE IDENTIFICATION**

A. SITE NAME Dumping into Lake At Broadway And Henry B. STREET (or other identifier) 1/2 mile ENE of Broadway And Henry  
C. CITY CARFIELD HEIGHTS D. STATE OHIO E. ZIP CODE  F. COUNTY NAME CUYAHOGA

**G. SITE OPERATOR INFORMATION**

1. NAME UNKNOWN 2. TELEPHONE NUMBER   
3. STREET  4. CITY  5. STATE  6. ZIP CODE

**H. REALTY OWNER INFORMATION (if different from operator of site)**

1. NAME  2. TELEPHONE NUMBER   
3. CITY  4. STATE  5. ZIP CODE

**I. SITE DESCRIPTION**

**J. TYPE OF OWNERSHIP**

☐ 1. FEDERAL ☐ 2. STATE ☐ 3. COUNTY ☐ 4. MUNICIPAL ☒ 5. PRIVATE

**II. TENTATIVE DISPOSITION (complete this section last)**

A. ESTIMATE DATE OF TENTATIVE DISPOSITION (mo., day, & yr.)  B. APPARENT SERIOUSNESS OF PROBLEM  
☐ 1. HIGH ☐ 2. MEDIUM ☐ 3. LOW ☒ 4. NONE

**C. PREPARER INFORMATION**

1. NAME Jerome D. Chmura 2. TELEPHONE NUMBER 312-663-9415 3. DATE (mo., day, & yr.) October 6, 1980

**III. INSPECTION INFORMATION**

**A. PRINCIPAL INSPECTOR INFORMATION**

1. NAME Jerome D. Chmura 2. TITLE Inspector, Team Leader  
3. ORGANIZATION Ecology and Environment Inc 4. TELEPHONE NO. (area code & no.) 312-663-9415

**B. INSPECTION PARTICIPANTS**

1. NAME	2. ORGANIZATION	3. TELEPHONE NO.
<u>April Richards</u>	<u>Ecology And Environment Inc</u>	<u>312-663-9415</u>
<u>Ann Weaver</u>	<u>"</u>	<u>"</u>
<u></u>	<u></u>	<u></u>

**C. SITE REPRESENTATIVES INTERVIEWED (corporate officials, workers, residents)**

1. NAME	2. TITLE & TELEPHONE NO.	3. ADDRESS
<u></u>	<u></u>	<u></u>
<u></u>	<u></u>	<u></u>
<u></u>	<u></u>	<u></u>
<u></u>	<u></u>	<u></u>
<u></u>	<u></u>	<u></u>
<u></u>	<u></u>	<u></u>

## III. INSPECTION INFORMATION (continued)

## D. GENERATOR INFORMATION (sources of waste)

1. NAME	2. TELEPHONE NO.	3. ADDRESS	4. WASTE TYPE GENERATED

## E. TRANSPORTER/HAULER INFORMATION

1. NAME	2. TELEPHONE NO.	3. ADDRESS	4. WASTE TYPE TRANSPORTED

## F. IF WASTE IS PROCESSED ON SITE AND ALSO SHIPPED TO OTHER SITES, IDENTIFY OFF-SITE FACILITIES USED FOR DISPOSAL.

1. NAME	2. TELEPHONE NO.	3. ADDRESS

## G. DATE OF INSPECTION

## H. TIME OF INSPECTION

## I. ACCESS GAINED BY: (credentials must be shown in all cases)

(mo., day, &amp; yr.)

J. WEATHER (describe)

☐ 1. PERMISSION☐ 2. WARRANT10-6-80  
Cloudy, 10:50's

## IV. SAMPLING INFORMATION

A. Mark 'X' for the types of samples taken and indicate where they have been sent e.g., regional lab, other EPA lab, contractor, etc. and estimate when the results will be available.

1. SAMPLE TYPE	2. SAMPLE TAKEN (mark 'X')	3. SAMPLE SENT TO:	4. DATE RESULTS AVAILABLE
a. GROUNDWATER			
b. SURFACE WATER			
c. WASTE			
d. AIR			
e. RUNOFF			
f. SPILL			
g. SOIL			
h. VEGETATION			
i. OTHER (specify)			

## B. FIELD MEASUREMENTS TAKEN (e.g., radioactivity, explosivity, PH, etc.)

1. TYPE	2. LOCATION OF MEASUREMENTS	3. RESULTS

## IV. SAMPLING INFORMATION (continued)

## C. PHOTOS

1. TYPE OF PHOTOS

☒ a. GROUND ☐ b. AERIAL

2. PHOTOS IN CUSTODY OF:

FILE

## D. SITE MAPPED?

☐ YES. SPECIFY LOCATION OF MAPS.

## E. COORDINATES

1. LATITUDE (deg.-min.-sec.)

2. LONGITUDE (deg.-min.-sec.)

## V. SITE INFORMATION

## A. SITE STATUS

☒ 1. ACTIVE (Those industrial or municipal sites which are being used for waste treatment, storage, or disposal on a continuing basis, even if infrequently.)☐ 2. INACTIVE (Those sites which no longer receive wastes.)☐ 3. OTHER (specify):  
(Those sites that include such incidents like "midnight dumping" where no regular or continuing use of the site for waste disposal has occurred.)

## B. IS GENERATOR ON SITE?

☐ 1. NO ☒ 2. YES (specify generator's four-digit SIC Code):

## C. AREA OF SITE (in acres)

1/2 ACRES

## D. ARE THERE BUILDINGS ON THE SITE?

☒ 1. NO ☐ 2. YES (specify):

## VI. CHARACTERIZATION OF SITE ACTIVITY

Indicate the main site activity(ies) and details relating to each activity by marking 'X' in the appropriate boxes.

<input checked="" type="checkbox"/> A. TRANSPORTER	<input type="checkbox"/> B. STORER	<input checked="" type="checkbox"/> C. TREATER	<input checked="" type="checkbox"/> D. DISPOSER
1. RAIL	1. PILE	1. FILTRATION	1. LANDFILL
2. SHIP	2. SURFACE IMPOUNDMENT	2. INCINERATION	2. LANDFARM
3. BARGE	3. DRUMS	3. VOLUME REDUCTION	3. OPEN DUMP
4. TRUCK	4. TANK, ABOVE GROUND	4. RECYCLING/RECOVERY	4. SURFACE IMPOUNDMENT
5. PIPELINE	5. TANK, BELOW GROUND	5. CHEM./PHYS./TREATMENT	5. MIDNIGHT DUMPING
6. OTHER (specify):	6. OTHER (specify):	6. BIOLOGICAL TREATMENT	6. INCINERATION
		7. WASTE OIL REPROCESSING	7. UNDERGROUND INJECTION
		8. SOLVENT RECOVERY	8. OTHER (specify):
		9. OTHER (specify):	

E. SUPPLEMENTAL REPORTS: If you check any of the categories listed below, Supplemental Reports must be completed. Indicate which Supplemental Report(s) you have filled out and attached to this form.

- ☐ 1. STORAGE ☐ 2. INCINERATION ☐ 3. LANDFILL ☐ 4. SURFACE IMPOUNDMENT ☐ 5. DEEP WELL
- ☐ 6. CHEM./EIO PHYS. TREATMENT ☐ 7. LANDFARM ☐ 8. OPEN DUMP ☐ 9. TRANSPORTER ☐ 10. RECYCLOR/RECLAIMER

## VII. WASTE RELATED INFORMATION

## A. WASTE TYPE

☐ 1. LIQUID ☒ 2. SOLID ☐ 3. SLUDGE ☐ 4. GAS

## B. WASTE CHARACTERISTICS

☐ 1. CORROSIVE ☐ 2. IGNITABLE ☐ 3. RADIOACTIVE ☐ 4. HIGHLY VOLATILE

☐ 5. TOXIC ☐ 6. REACTIVE ☒ 7. INERT ☐ 8. FLAMMABLE

☒ 9. OTHER (specify): UNKNOWN

## C. WASTE CATEGORIES

1. Are records of wastes available? Specify items such as manifests, inventories, etc. below.

## VII. WASTE RELATED INFORMATION (continued)

2. Estimate the amount (specify unit of measure) of waste by category; mark 'X' to indicate which wastes are present.

a. SLUDGE		b. OIL		c. SOLVENTS		d. CHEMICALS		e. SOLIDS		f. OTHER	
AMOUNT		AMOUNT		AMOUNT		AMOUNT		AMOUNT		AMOUNT	
UNIT OF MEASURE		UNIT OF MEASURE		UNIT OF MEASURE		UNIT OF MEASURE		UNIT OF MEASURE		UNIT OF MEASURE	
<input checked="" type="checkbox"/> (1) PAINT, PIGMENTS		<input checked="" type="checkbox"/> (1) OILY WASTES		<input checked="" type="checkbox"/> (1) HALOGENATED SOLVENTS		<input checked="" type="checkbox"/> (1) ACIDS		<input checked="" type="checkbox"/> (1) FLYASH		<input checked="" type="checkbox"/> (1) LABORATORY, PHARMACEUT.	
(2) METALS SLUDGES		(2) OTHER(specify):		(2) NON-HALOGNTD. SOLVENTS		(2) PICKLING LIQUORS		(2) ASBESTOS		(2) HOSPITAL	
(3) POTW				(3) OTHER(specify):		(3) CAUSTICS		(3) MILLING/MINE TAILINGS		(3) RADIOACTIVE	
(4) ALUMINUM SLUDGE						(4) PESTICIDES		(4) FERROUS SMELTING WASTES		(4) MUNICIPAL	
(5) OTHER(specify):						(5) DYES/INKS		(5) NON-FERROUS SMLTG. WASTES		(5) OTHER(specify):	
						(6) CYANIDE		(6) OTHER(specify):			
						(7) PHENOLS					
						(8) HALOGENS					
						(9) PCB					
						(10) METALS					
						(11) OTHER(specify):					

D. LIST SUBSTANCES OF GREATEST CONCERN WHICH ARE ON THE SITE (place in descending order of hazard)

1. SUBSTANCE	2. FORM (mark 'X')			3. TOXICITY (mark 'X')				4. CAS NUMBER	5. AMOUNT	6. UNIT
	a. SOLID	b. LIQ.	c. VAPOR	a. HIGH	b. MED.	c. LOW	d. NONE			

## VIII. HAZARD DESCRIPTION

FIELD EVALUATION HAZARD DESCRIPTION: Place an 'X' in the box to indicate that the listed hazard exists. Describe the hazard in the space provided.

☐ A. HUMAN HEALTH HAZARDS

## VIII. HAZARD DESCRIPTION (continued)

☐ B. NON-WORKER INJURY/EXPOSURE☐ C. WORKER INJURY/EXPOSURE☒ D. CONTAMINATION OF WATER SUPPLY

IF LAKE IS USED AS A WATER SUPPLY

☐ E. CONTAMINATION OF FOOD CHAIN☒ F. CONTAMINATION OF GROUND WATER

IF LAKE IS RECHARGE

☒ G. CONTAMINATION OF SURFACE WATER

LAKE

## VIII. HAZARD DESCRIPTION (continued)

☐ H. DAMAGE TO FLORA/FAUNA☐ I. FISH KILL☐ J. CONTAMINATION OF AIR☐ K. NOTICEABLE ODORS☒ L. CONTAMINATION OF SOIL

FROM POSSIBLE LEACHATE

☐ M. PROPERTY DAMAGE

## VIII. HAZARD DESCRIPTION (continued)

☐ N. FIRE OR EXPLOSION☐ O. SPILLS/LEAKING CONTAINERS/RUNOFF/STANDING LIQUID☐ P. SEWER, STORM DRAIN PROBLEMS☒ Q. EROSION PROBLEMS

ON SIDE OF OPEN DUMP

☒ R. INADEQUATE SECURITY

NO APPARENT FENCING

☐ S. INCOMPATIBLE WASTES



# VIII. HAZARD DESCRIPTION (continued)

☐ T. MIDNIGHT DUMPING

☒ U. OTHER (specify):

COMMENTS: DEPA SHOULD INVESTIGATE

## IX. POPULATION DIRECTLY AFFECTED BY SITE

A. LOCATION OF POPULATION	B. APPROX. NO. OF PEOPLE AFFECTED	C. APPROX. NO. OF PEOPLE AFFECTED WITHIN UNIT AREA	D. APPROX. NO. OF BUILDINGS AFFECTED	E. DISTANCE TO SITE (specify units)
1. IN RESIDENTIAL AREAS				
2. IN COMMERCIAL OR INDUSTRIAL AREAS				
3. IN PUBLICLY TRAVELLED AREAS				
4. PUBLIC USE AREAS (parks, schools, etc.)				

## X. WATER AND HYDROLOGICAL DATA

A. DEPTH TO GROUNDWATER (specify unit)	B. DIRECTION OF FLOW	C. GROUNDWATER USE IN VICINITY
D. POTENTIAL YIELD OF AQUIFER	E. DISTANCE TO DRINKING WATER SUPPLY (specify unit of measure)	F. DIRECTION TO DRINKING WATER SUPPLY
G. TYPE OF DRINKING WATER SUPPLY		
<input type="checkbox"/> 1. NON-COMMUNITY < 15 CONNECTIONS* <input type="checkbox"/> 2. COMMUNITY (specify town): _____ > 15 CONNECTIONS		
<input type="checkbox"/> 3. SURFACE WATER <input type="checkbox"/> 4. WELL		

Continued From Page 8

### X. WATER AND HYDROLOGICAL DATA (continued)

#### H. LIST ALL DRINKING WATER WELLS WITHIN A 1/4 MILE RADIUS OF SITE

1. WELL	2. DEPTH (specify unit)	3. LOCATION (proximity to population/buildings)	4. NON-COM- MUNITY (mark 'X')	5. COMMUN- ITY (mark 'X')

#### I. RECEIVING WATER

1. NAME

☐

2. SEWERS

☐

3. STREAMS/RIVERS

☐

4. LAKES/RESERVOIRS

☐

5. OTHER (specify):

6. SPECIFY USE AND CLASSIFICATION OF RECEIVING WATERS

### XI. SOIL AND VEGETATION DATA

LOCATION OF SITE IS IN:

☐

A. KNOWN FAULT ZONE

☐

B. KARST ZONE

☐

C. 100 YEAR FLOOD PLAIN

☐

D. WETLAND

☐

E. A REGULATED FLOODWAY

☐

F. CRITICAL HABITAT

☐

G. RECHARGE ZONE OR SOLE SOURCE AQUIFER

### XII. TYPE OF GEOLOGICAL MATERIAL OBSERVED

Mark 'X' to indicate the type(s) of geological material observed and specify where necessary, the component parts.

'X'	A. OVERBURDEN	'X'	B. BEDROCK (specify below)	'X'	C. OTHER (specify below)
	1. SAND				
	2. CLAY				
	3. GRAVEL				

### XIII. SOIL PERMEABILITY

☐

A. UNKNOWN

☐

B. VERY HIGH (100,000 to 1000 cm/sec.)

☐

C. HIGH (1000 to 10 cm/sec.)

☐

D. MODERATE (10 to .1 cm/sec.)

☐

E. LOW (.1 to .001 cm/sec.)

☐

F. VERY LOW (.001 to .00001 cm/sec.)

#### G. RECHARGE AREA

☐

1. YES

☐

2. NO

3. COMMENTS:

#### H. DISCHARGE AREA

☐

1. YES

☐

2. NO

3. COMMENTS:

#### I. SLOPE

1. ESTIMATE % OF SLOPE

2. SPECIFY DIRECTION OF SLOPE, CONDITION OF SLOPE, ETC.

#### J. OTHER GEOLOGICAL DATA

**XIV. PERMIT INFORMATION**

List all applicable permits held by the site and provide the related information.

A. PERMIT TYPE (e.g., RCRA, State, NPDES, etc.)	B. ISSUING AGENCY	C. PERMIT NUMBER	D. DATE ISSUED (mo., day, & yr.)	E. EXPIRATION DATE (mo., day, & yr.)	F. IN COMPLIANCE (mark 'X')		
					1. YES	2. NO	3. UN- KNOWN

**XV. PAST REGULATORY OR ENFORCEMENT ACTIONS**
☐ NONE      ☐ YES (summarize in this space)

NOTE: Based on the information in Sections III through XV, fill out the Tentative Disposition (Section II) information on the first page of this form.

Dumping into Lake  
@ offsite recon.

1 of 1

Date: 10-6-80

Time: 10:25 (A.M.) P.M.

Photograph By:

April Richards

TDD# 8009-5

State- Ohio

Garfield Hts. 1 <sup>spill call</sup> Broadway & Henry

Comments: Photograph taken

toward the north  
lake of alledged  
dumping



Date: 10-6-80

Time: 10:25 (A.M.) P.M.

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